

Implementation Council Continuity of Care Discussion

March 12, 2019

- 1. What are the major gaps you encounter in the MassHealth “intelligent assignment” methodology?**
 - a. Accurate contact information for new member?
 - b. Accuracy of primary care provider from perspective of member?
 - c. Prioritization of care team composition by importance to the member?
 - i. Mental health providers?
 - ii. Social service providers?
 - d. Percentage of member providers already in your plan’s network?

2. How do you track continuity of care for members transitioning into your plans?

- a. What is the number of requests for single case agreements?
- b. What is the ratio of member single case agreements to requests for the denial rates?
- c. What is the process for arranging for single case agreements?
- d. What is the turnaround time arranging single case agreements?
- e. What are reasons for providers rejecting single case agreements?
- f. How many single case agreements do you have?
- g. Can you categorize single case agreements by specialty type e.g. health or medical?
 - i. Oral health providers
 - ii. Mental health providers
 - iii. Diversionary service providers
 - iv. SDOH

3. Appeals and grievances by members resulting from loss of continuity of care with specific providers or providers would expertise and certain subspecialties?

a. By provider type

- i. SUD
- ii. LTS providers
- iii. DME providers
- iv. Behavioral health providers
- v. Neurological disorder specialists
- vi. Other

b. By service type

- i. Transportation
- ii. DME
- iii. SDOH

4. What kind of data is tracked when continuity of care is disrupted by changes in prior authorization determination of need?

- a. Habilitation services are canceled or reduced in contradiction with provider recommendations?
- b. DME requests made by the care team are denied or modified disrupting continuity?
- c. Transportation services are reduced for people attending SUD gathering such as AA or NA?

5. Describe areas of ongoing continuity of care challenges facing your plan:

- a. Behavioral health (including, psychiatrists, recovery coaches, certified peer specialists, diversionary services)
- b. LTSS providers? (LTS-Coordinators, guardians, DME providers)
- c. Single case agreements

6. What other information do you collect, or interventions do you take to ensure continuity of care of services provided by particular providers or specific service types adequacy that would of interest to the Council?